



Company Information

Company Name:

Company Phone Number:

Company Address:

Company Website:

Business Ownership & Certifications *(Please select all that apply.)*

- Woman-owned business
- Veteran-owned business
- LGBTQ+-owned business
- Minority-owned business
- Disadvantaged Business Enterprise (DBE)
- Certified Green Business
- None of the above
- Prefer not to disclose
- Other (please specify):

Person Completing This Survey

First Name:

Last Name:

Title / Position:

Email Address:

Direct Phone Line:

Are you the Primary Point of Contact (PPC) for IECRM and authorized to answer on behalf of your company?

- Yes → *Proceed to next section*
- No → *Please complete the section below*

Primary Point of Contact (PPC). *The person designated as Primary Contact will be the first point of contact that IECRM reaches out to for membership, sponsorship, company updates, and more.*

First Name:

Last Name:

Title / Position:

Direct Phone Line:

Email Address:



Company's Accounting Contact: *Person who receives all invoices on behalf of your company. These contacts have access to your company's invoices, apprentice and employee records, OJT hours, registration and tuition, etc.*

First Name: _____ **Last Name:** _____
Title / Position: _____
Email Address: _____ **Direct Phone Line:** _____

Company's Key Contact/Decision Maker: *Person who will receive communications ranging from upcoming Association and Training events, Sponsorship Opportunities, Advocacy Outreach, etc.*

First Name: _____ **Last Name:** _____
Title / Position: _____
Email Address: _____ **Direct Phone Line:** _____

Company's Membership Contact: *Person who will receive communications on behalf of your company about your membership renewal and benefits.*

First Name: _____ **Last Name:** _____
Title / Position: _____
Email Address: _____ **Direct Phone Line:** _____

Company's Education Contacts: *Person who receives email alerts when OJT hours are submitted and have the authority to approve those hours, will enroll and pay tuition, and receive email alerts for any students' absences or tardies.*

First Name: _____ **Last Name:** _____
Title / Position: _____
Email Address: _____ **Direct Phone Line:** _____

Company's Apprenticeship/Training Contacts: *Person who has access to all of your company's apprentice and employee records, including On-the-Job Training Hours, Registration, Tuition, etc.*

First Name: _____ **Last Name:** _____
Title / Position: _____
Email Address: _____ **Direct Phone Line:** _____

Company's HR/Workforce Development Contacts: *Person whose role is related to the acquisition of talent for your company. This person will receive communications about IECRM Career Fairs and the Out-of-Work list.*

First Name: _____ **Last Name:** _____
Title / Position: _____
Email Address: _____ **Direct Phone Line:** _____



About Your Company

Primary Office Location (City/State):

Additional Office Locations (Headquarters, Administrative, or Satellite – up to 4):

- 1.
- 2.
- 3.
- 4.

Year Company Was Founded:

Colorado State License Number:

Master Electrician License Number:

Name of Master Electrician:

Worker's Compensation Provider:

Do you bid Davis-Bacon / Government-contracted projects?

Yes No

Does your company offer internships for high schoolers as a pathway into the electrical industry?

Yes No Other Opportunities: _____

Does your company consider applicants with prior convictions?

Yes No

Company Safety

Do you have an internal safety program in place?

Yes No



Have you completed the 2026 IECRM Safety Assessment?

Yes No

Primary Safety Contact

First Name:

Last Name:

Title / Position:

Email Address:

Direct Phone Line:

About Your Work

What percentage of your work is performed in Colorado? _____ %

In addition to Colorado, which other states do you work in?

Which Colorado counties does the majority of your work take place in?

Estimated Type of Work Performed (must total 100%)

- Residential: _____ %
- Commercial: _____ %
- Industrial: _____ %
- Renewable Energy: _____ %

Construction Types Performed *(Check ALL that apply)*

Commercial

- Restaurant / Food Service
- Entertainment / Sports / Gaming / Recreation
- Financial (Banking / Insurance)
- Retail Stores (all types)
- Office Buildings



Institutional / Municipal

- Healthcare / Hospital / Nursing Home
- Education (K-12 / College / University)
- Religious
- Government Admin (Federal / State / Local)
- Law Enforcement / Correctional / Military
- Transportation (Airport / Rail / Other)

Industrial

- Manufacturing Plants
- Power Generation / Utility
- Oil / Gas / Mining
- Road / Airport / Traffic Lighting / Line Work
- Waste / Water Treatment

Residential

- Single-Family
- Multi-Family
- Hotel / Resort

Energy

- Oil / Gas / Mining
- Solar PV
- Wind

Low Voltage

- Security (CCTV, Access, Motion, Intrusion)
 - Fire / Life Safety Systems
 - Generators
 - Building Automation
 - Fiber Optics
 - Communication Systems (Voice / Video / Data)
 - Other Specialty Areas: _____
-



Building Components & Services Installed *(Check ALL that apply)*

- Design/Build Services
 - Maintenance / Service / Repair
 - Pre-fabrication / Manufacturing
 - Premises Wiring
 - Security Systems
 - Fire / Life Safety Systems
 - Total Building Automation (HVAC, Lighting)
 - Fiber Optics
 - Communication Systems (Voice / Video / Data)
 - Power Quality Systems (Standby, Co-gen, etc.)
 - Alternative Energy Systems (Solar, Wind)
 - LED / Lighting & Design
 - Other: _____
-

Your Workforce

Total number of employees (U.S.):

Total employees in the Rocky Mountain Region:

Total field electrical workers in the Rocky Mountain Region:

From your 2025 OSHA 300 form:

- Average number of employees:
- Total hours worked by all employees:

Number of apprentices currently employed:

Number of apprentices enrolled in IECRM classes:

Average number of NEW apprentices hired annually:



Total number of Journeymen:

Total number of Office / Administrative staff:

Current gross annual revenue:

Average job bid amount (\$):

Staffing & Business Information

Do you utilize temporary staffing companies?

Yes No

If **Yes**, how often in the last 12 months?

Weekly

Monthly

A few times

None in the last 12 months

Thank you for completing the census. Your participation is greatly appreciated, and we value your continued membership.